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|  |  |   |                     |                              |              |                  |      |                   | Application or Docket Number |             |                     |                        |        |  |
|--|--|---|---------------------|------------------------------|--------------|------------------|------|-------------------|------------------------------|-------------|---------------------|------------------------|--------|--|
| •  | PATENT A                                       | APPLICATIO<br>Effect                      | N FEE D             | RD                           |              | G097012755       |      |                   |                              |             |                     |                        |        |  |
| CLAIMS AS FILED - PART (Column 1)  |  |   |                     |                              |              | ımn 2)           |      | SMALL<br>TYPE     | ENTITY /                     | OR          | OTHER<br>SMALL      |                        | ]      |  |
| TOTAL CLÀIMS   |  |   | 33 .                |                              |              |                  |      | RATE              | FEE                          | 7           | RATE                | FEE                    | 1      |  |
| FOR  |  |   | NUMBER FILED        |                              | NUMBER EXTRA |                  |      | BASIC F           | EE 355.00                    | OR          | BASIC FEE           | 710.00                 |        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 33 minus 20=        |                              | . /3         |                  |      | X\$ 9:            | = 117                        | OR          | X\$18=              |                        |        |  |
| INDEPENDENT CLAIMS   |  |   | # minus 3 =         |                              | 1            |                  |      | X40=              | 40                           | OR          | X80=                |                        |        |  |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM P                             | RESENT              |                              |              |                  |      | +135:             | _                            | OR          | -22                 |                        | 1      |  |
| * If   | the difference                                 | in column 1 is                            | less than ze        | ero, ente                    | r "0" in c   | column 2         |      | TOTA              |                              | OR          |                     |                        | 1      |  |
| N  | 7 12 ald                                       |   |                     |                              | <b>-1</b>    | OTHER            | THAN | 1                 |                              |             |                     |                        |        |  |
| 1  | <i>3-10-01</i>                                 | (Column 1)                                | 1000 Here 200/01/20 | (Colu                        |              | (Column 3)       |      | SMAL              | L ENTITY                     | OR          | SMALL               |                        | F      |  |
| ENTA   |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | HIGH<br>NUM<br>PREVI<br>PAID | BER          | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       | -           | RATE                | ADDI-<br>TIONAL<br>FEE | 2      |  |
| AMENDMENT  | Total  | 300                                       | Minus               | ,                            | 32           | = 18             |      | X\$ 9=            | 16                           | OR          | X\$18=              |                        | ZA ZIE |  |
| AMEI   | Independent                                    | <b>4</b> 7                                | Minus               |                              | 4            | - 3              |      | X40=              | 120                          | OR          | X80=                |                        | ] }    |  |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE          | PENDEN                       | T CLAIM      |                  |      | +135=             |                              | OR          | +270=               | 7                      | 1 2    |  |
|  |  |   |                     |                              |              |                  |      | TOT               | AL 2/                        | ┥           | TOTAL               |                        | 1      |  |
|  |  | (Column 1)                                |                     | (Colu                        | mn 2)        | (Column 3)       |      | ADDIT. F          | EE LO                        | <u>a</u> on | ADDIT. FEE          |                        | 1 '    |  |
| ENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                     | HIGH<br>NUM<br>PREVI         |              | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       | ]           | RATE                | ADDI-<br>TIONAL<br>FEE |        |  |
| S  | Total  | •   | Minus               | ••                           |              | =                |      | X\$ 9=            | =                            | OR          | X\$18=              |                        |        |  |
| AMENDMENT  | Independent                                    |   | Minus               | ***                          |              | -                |      | X40=              |                              | OR          | X80=                |                        | 1      |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |                              |              |                  |      | +135=             | :                            | OR          | +270=               |                        |        |  |
|  |  |   |                     |                              |              |                  | 1    | TOT.<br>ADDIT. FI |                              | OR          | TOTAL<br>ADDIT, FEE |                        | 1      |  |
|  |  | (Column 1)                                | - DD////            |                              | _            |                  |      | ]                 |                              |             |                     |                        |        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | e<br>e              | ,                            |              | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       |             | RATE                | ADDI-<br>TIONAL<br>FEE |        |  |
|  | Total  | •   | Minus .             |                              |              | -                |      | X\$ 9=            |                              | OR          | X\$18=              |                        |        |  |
|  | Independent                                    | *   | Minus               | •••                          |              | , <del>-</del>   | İ    | X40=              |                              | OR          | X80=                |                        | 1      |  |
| FIRST PRESENTATION OF MULTIPLE A PENDENT C ALA   |  |   |                     |                              |              |                  |      | +135=             |                              | OR          | +270=               |                        | 1      |  |
|  |  | mn 1 is less than t                       |                     |                              |              |                  | L    | TOTA              | u .                          | <b>1</b>    | TOTAL               |                        | 1      |  |
| ** If the "Highest Number Previously Paid For"   5 SPACE is less than 20, onter "20."   ADDIT. FEE   ADDIT. F |  |   |                     |                              |              |                  |      |                   |                              |             |                     |                        | 1      |  |

The "Highest Number Previously Paid For" (1 1 r Indep ident size

Test number found in the appropriate box in column 1.

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